

United States Patent and Trademark Office
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01/12/2006 NPATTERS 00000001 501482 10606730

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IFW

60,137-189; 115-3174-U

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS: McNerney
SERIAL NO.: 10/606,730
FILED: 6/26/2003
GROUP ART: 3753
EXAMINER: Chambers, A. Michael
FOR: Screwless Tub/Shower Trim Mounting System

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Dear Sir:

In response to the office action of 6 October 2005, please amend the above-identified application as follows:

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

12606730

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	13	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	13 minus 20 = *	9
INDEPENDENT CLAIMS	3 minus 3 = *	0
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	375.00	OR	BASIC FEE	750.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	07.50

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

1-506

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 13 Minus	** 20	= 0
Independent	* 5 Minus	*** 3	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=	200	OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE	200	OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* Minus	**	=
Independent	* Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.